

Residential and Business Damage Assessment

Name _____ Phone _____

Address _____

Is this your primary residence? Yes No

Damage to: Business _____ Home _____ Contents _____

Description of Damage _____

Pre-disaster market value of the property _____

Dollar estimate of the damage _____

Insurance carrier _____

Name of owner if different from above _____

Return this form to your local town / village / city hall.

If a business:

Name of your business: _____

Phone number: _____

Email: _____

